

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90059 028 \*\*\*\*50.00

**DOCUMENT #**

1. Entity Name

*DMJ ASSOCIATES, LLC*

*602000018930*



**DO NOT WRITE IN THIS SPACE**

**24000473**

2. Principal Place of Business

*1932 SPRING CREEK LANDING*

Suite, Apt. #, etc.

3. Mailing Address

*1932 SPRING CREEK LANDING*

Suite, Apt. #, etc.

City & State

*DAYTONA BEACH, FL*

Zip

*32128*

Country

*USA*

City & State

*DAYTONA BEACH, FL*

Zip

*32128*

Country

*USA*

4. FEI Number

*45-0485432*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

*DOUGLAS A. PENNYPACKER*

Street Address (P.O. Box Number is Not Acceptable)

*1932 SPRING CREEK LANDING*

City

*DAYTONA BEACH*

**FL**

Zip Code

*32128*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<i>MGR</i>	<i>DOUGLAS A. PENNYPACKER</i>	<i>1932 SPRING CREEK LANDING</i>	<i>DAYTONA BEACH, FL 32128</i>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *DOUGLAS A. PENNYPACKER* *04-21-2004* *386-760-5025*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)